

Demographics

Parent's Information

Name (s)

Address

Phone: Home _____ Cell _____

Email _____

Preferred Language _____

Child's Information

Name

Birthdate _____ Age _____ Grade _____

School Information

Name

Address

Phone

Principal

Counselor

Knowing The Child and His/Her Needs

1. What type of disability that qualifies your son/daughter for special education?

Autism Autism Spectrum Disorder (ASD) Traumatic Brain Injury Specific Learning Disability Intellectual Disability Emotional Disability Deaf-Blind Blind/Visually Impaired Other Health Impairments Deaf/Hard of Hearing Multiple Disabilities Speech or Language Impairment Orthopedic Impairment Other _____

2. How old is your child? _____

3. Does your child currently have an Individualized Education Program (IEP) YES NO If yes, please provide a copy

4. Do you anticipate your child receiving a standard high school diploma? YES NO

5. At what age do you anticipate or plan for your son/daughter to exit public school? age 17 age 18 age 19 age 20 age 21 age 22 age 23 other: age __

Support

6. Who is your child's immediate support system (siblings, grandparents, caregivers, etc...)?

7. Does the support system (including parents) have any barriers that will hinder the support of your child (issues with attending meetings, assistive needs, applying for services, etc...)? If yes Describe the barriers _____

Goals for the Future

Future educational goals:

Four year college/University Community College Vocational technical school On-the-job training Adult-continuing education/Community sponsored classes Job Corps Don't know Other: _____

Are there any services you have asked for to prepare your child for further education that the school refuses to provide? YES NO

Please list below what you want your child to receive as far as services.

Employment and Career Training

Full-time competitive employment (find and keep a job on his/her own w/o support) Part-time competitive employment Supported employment (community job for real wages with supports to find and keep a job) Military service Adult Day Services Volunteer work Don't know I do not expect my son/daughter to work Other (please specify)_____

7. What type of work does your son/daughter state that he/she is interested in?

8. Do you feel this is a realistic goal? YES NO

9. What type of employment do you think he/she would enjoy?

10. What type of support or assistance do you think your son/daughter will need in finding and maintaining a job? (Check all that apply.) Will not need any support Help locating job opportunities Assistance with application and interview Assistance only when problems or new situations arise Time-limited support to learn the job (extra training) Long-term support needed to learn the job (ongoing training) Ongoing support to perform the job (personal care attendant, etc.)

11. Are there any services you have asked for to prepare your child for employment that the school refuses to provide? YES NO

Please list below what you want your child to receive as far as services.

Future Independent Living Options

11. Five years after school, where do you want your son/daughter to live? At home With family – other than parents In an apartment on their own – alone or with roommate(s) (circle one) In a supported apartment/living program – alone or with roommate(s) In a group home In a foster home In subsidized housing Other:

12. Concerns that you have about your son/daughter living on his/her own: Can't shop independently Can't manage money Health related concerns Has been too dependent Won't take good care of self (eating, hygiene, etc) Will be lonely Will be exploited (sexual, physical, financial) Other:

13. Do you think your son/daughter will get a driver's license? YES NO

14. After graduation/school completion, will your son/daughter travel around town by:
_____ Bicycle _____ Walk _____ Public Transportation – (bus, commuter rail, etc.)
_____ His/her own car _____ City cab _____ Get rides in the family car or with friends
_____ Other: _____

Are there any services you have asked for to prepare your child for independent living that the school refuses to provide? YES NO

Please list below what you want your child to receive as far as services.

Recreation and Leisure

15. When my son/daughter graduates/completes school, I hope he/she will be involved in: (check all that apply): Recreational activities that he/she does alone Activities with friends Friends with disabilities Friends without disabilities Organized recreational activities (clubs, team sports) Integrated activities (team members with and without disabilities) Classes (to develop hobbies, and explore areas of interest) Other: _____

Adult Services

16. Please check the following adult services that you either aware of, involved with, or need more information about:

Social Security Office of Vocational Rehabilitation (OVR)
Bureau of Autism Services Intellectual Disability System
Any other services not listed (please list)? _____

Comments/Questions/Concerns:

17. Please let us know other transition related concerns you may have as your child moves from public education to adult services.

REFERRAL

18. How did you find this intake form?

19.. Did someone refer you to this project?

a. If yes, what organization referred you?